

# Emergency Department Observation Unit Admission

including SNAP acetylcysteine regime

Name:

CHI:

Date/Time:



Age/sex

Admitting Doctor:

Cons/Senior:

Presenting Complaint:

Summary of Presentation:

Relevant Past Medical History:

Medications (\*anticoagulants):

Allergies:

Summary of ED assessment/investigations/treatment:

Reason for EDOU admission:

Plan:

- 
- 
- 
- 

Planned Review Time: \_\_\_\_\_

Further Action:

Kardex? Y/N

Imaging? Y/N

Bloods? (time) Y/N

Child protection concern? Y/N

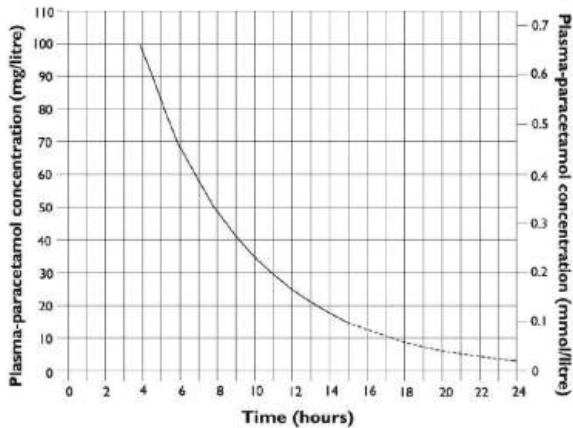
## Paracetamol Nomogram and SNAP Acetylcysteine Regime

Time of Ingestion:

Time of Sample:

Paracetamol level (mg/L)

Time post ingestion:



12-hour Regimen	First Infusion		Second Infusion	
Infusion fluid	200 mL 5% glucose or 0.9% sodium chloride		1000 mL 5% glucose or 0.9% sodium chloride	
Duration of infusion	2 hours		10 hours	
Drug dose	100 mg/kg acetylcysteine		200 mg/kg acetylcysteine	
Patient Weight <sup>1</sup>	Ampoule volume <sup>2</sup>	Infusion Rate	Ampoule volume <sup>2</sup>	Infusion Rate
kg	mL	mL/h	mL	mL/h
40-49	23	112	45	105
50-59	28	114	55	106
60-69	33	117	65	107
70-79	38	119	75	108
80-89	43	122	85	109
90-99	48	124	95	110
100-109	53	127	105	111
> 110	55	128	110	111

**Discharge criteria – if not met, repeat 10 hour bag at same dose:**

INR 1.3 or less Y/N

ALT **within** normal range Y/N

Paracetamol level less than 10 mg/L Y/N

Absence of symptoms of toxicity Y/N

## Head injury Documentation

GCS upon EDOU admission:

E: V: M: Total:

Adverse Features:

- Alcohol Y/N
- Drugs Y/N
- LOC Y/N
- Seizure Y/N
- Vomit >2 Y/N
- Amnesia Y/N
- Headache Y/N
- Signs of #BOS Y/N

No of Sutures: \_\_\_\_ Remove: \_\_\_\_ days

